

CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend
1				
2				
3				
4				
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44				
45				
46				
47				
48				
49				
50				
Total				
Indep	9			
Total				
Depend	10			
Total				
Claims				

	AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend
51				
52				
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95				
96				
97				
98				
99				
100				
Total				
Indep	8			
Total				
Depend	29			
Total				
Claims	37			